ACCESS

Newsletter of the Nebraska Office of Rural Health, Nebraska Health and Human Services System and the Nebraska Rural Health Association for all rural health stakeholders

Issue 44, May 2006

"Product support" for telehealth network

By Dave Howe

Imagine taking delivery on a new car or new computer that doesn't come with an owner's manual.

Sure, your natural intuitiveness will probably let you begin benefiting from some of its features. But, you're not likely to ever discover all of its capabilities or realize all of its convenience features, without an owner's manual and product support.

Of course, any manufacturer who wants to stay in business isn't likely to put a product in consumers' hands without including user information, an 800 number, and a Web site for product support.

That's exactly what developers of the Nebraska Statewide Telehealth Network (NSTN) are well aware of. User support is a major focus now that the network — about a dozen years in the making — is fully implemented among nearly all of Nebraska's hospitals and public health departments.

In this case, "product support" is a series of training sessions on understanding the network and knowing how to use it for the fullest possible benefits to providers, staff, administrators, public health departments, and patients — all presented over the network, of course.

An educational model includes plans for following up on-site orientation and initial training sessions with ongoing support and training as new network opportunities and changes in technologies

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also in this issue . . .

Testing grand rounds via the Statewide Telehealth Network

While a model for training users of the Nebraska Statewide Telehealth Network is progressing, another important network-related enterprise is advancing.

It's a pilot program for exploring the strengths and weaknesses of delivering medical education to physicians and other healthcare providers via the network. The goal: Learn how best — and how effectively — medical lecture series, such as grand rounds, can be delivered to physicians and other providers from the University of Nebraska Medical Center (UNMC) to hospitals throughout the state.

In a pilot program, seven hospitals have agreed to participate, with grand rounds presented in three areas — internal medicine, psychiatry, and neurology — according to Lois Colburn, executive director of UNMC's Center for Continuing Education.

She said the idea of the pilot program is to begin with a small group of hospitals, taking a "thoughtful approach" to avoid chaos. The pilot program is intended to answer such questions as: What type of content can be best delivered by this means? What is the value to providers? What are scheduling problems? What could be done differently to make this delivery method more useful?

"We want to move in a systematic fashion, so that we don't overwhelm our own resources and those of the network," Colburn said.

Answers to questions like those posed by Colburn should come at the end of May, when evaluations by physicians participating in the pilot program become available, according to John Navis, administrator of outreach services in UNMC's Center for Continuing Education.

Regularly scheduled one-hour lectures in the aforementioned three areas at UNMC are presented over the telehealth network at the eight participating hospitals, Navis said. Those hospitals are BryanLGH Medical Center and St. Elizabeth Regional Medical Center in Lincoln, Faith Region-

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Telehealth *cont'd from p. 1*

come along in the future.

The training is already under way, having begun with a series of three basic training sessions in April and May, said Laura Meyers, executive director of development at DKG Consultants, Inc., in Kearney.

These three sessions, nicknamed "boot camp," will target an audience that includes new network coordinators, nurses, and administrators at hospitals and public health departments, Meyers said. Experienced hub hospital network coordinators, information technologists, and guests will be among presenters of initial training sessions targeting that audience.

Meyers says the "boot camp" training is being done in one-hour sessions on a routine basis. Longer or more frequent sessions don't fit the busy schedules of audiences targeted for the training, Meyers added. Some highlights of topics presented in the "boot camp" phase are:

- **Session 1**--helping hospitals develop their individual health alert network protocols.
- **Session 2**--a general overview of opportunities in using the network and how to tap into those opportunities.
- **Session 3**—an outline of what the network coordinator's role is and basic day-to-day operating advice, such as how to schedule use of the network, troubleshooting equipment issues, and addressing HIPAA privacy and its application to the network. The session also includes a review of telehealth terminology.
- **Session 4**—conducting clinical consults over the network, highlighting specialties that lend themselves well to telehealth, billing and coding for consultations, and creating a positive experience for both practitioners and patients.

A committee comprised of both experienced and new telehealth network coordinators developed the education model. Out of that committee came the concepts addressing what information will be presented, to whom it will be presented, and how it will be presented, Meyers said.

Training presentations over the network are interactive, with participants encouraged to offer guidance on what the next presentations should include. "There's always the danger of telling people what they need," Meyers said. "We want new sites to tell us what they need." That way, the training model can be modified to more accurately match the audience's needs. Call Meyers at 308-293-0623 or e-mail her at laurameyers@charter.net with questions and suggestions.

Telehealth can close the accessibility gap between rural and urban health care consumers, Meyers said. "We want to make it an everyday part of providing patient care." □

Grand Rounds *cont'd from p. 1*

al Health Services in Norfolk, Great Plains Medical Center in North Platte, Memorial Hospital in Aurora, St. Francis Memorial Hospital in West Point, St. Francis Medical Center in Grand Island, and Good Samaritan Health Systems in Kearney.

"We wanted to have some small hospitals and some larger ones take part in this pilot program," Navis said.

Physicians taking advantage of the pilot program earn one hour of continuing medical education credit for each grand round, without charge, Navis said.

Distance learning opportunities provided by UNMC are not new, Colburn explained. But they haven't been offered before through the telehealth network. The pilot program through the network should shed light on how experience with providing distance learning can be applied to delivery of medical education over the network. □

MARK YOUR CALENDARS

Certified Rural Health Clinics Quarterly Meeting
May 12, 2006; 12:00-2:00 p.m.
Holiday Inn – Kearney, NE

Annual National Rural Health Association Conference
May 16-19, 2006
Nugget Hotel – Reno, NV

Nebraska Telehealth Network Conference
May 9, 2006 - 1:30-2:30 p.m.
(see 'Boot Camp,' page 8)

Rural Health Advisory Commission Meeting
June 16, 2006; 1:30 p.m.
State Office Building – Lincoln, NE

Certified Rural Health Clinics Billing/Coding Workshops
September 5-6, 2006
Holiday Inn, Kearney, NE

Annual Nebraska Rural Health Conference
September 7-8, 2006
Holiday Inn, Kearney, NE

Annual Nebraska Public Health Association Conference
September 21-22, 2006
I-80 Holiday Inn – Grand Island, NE

Annual Minority Health Conference
October 31 - November 1, 2006
Holiday Inn, Kearney, NE

2006 Conference Theme: The Transformation in Rural Health

Rural health care just isn't what it used to be.

The Transformation in Rural Health Care is the theme for this year's Nebraska Rural Health Association conference scheduled for Thursday and Friday, Sept. 7 and 8, at the Holiday Inn Convention Center in Kearney.

The conference will illustrate the changes that are affecting all rural health care. Topics include electronic patient records, progress on the Balanced Scorecard, community early childhood mental health, and understanding of pandemic influenza and avian influenza.

The sessions will highlight telehealth, the Nebraska Registry Partnership, crucial staff recruiting and retention, rural chronic care, managing disaster preparedness, and federal rural health care policy.

The Nebraska Rural Health Association (NeRHA) is committed to providing leadership on these rural health issues through advocacy, communication, and education. The NeRHA's annual conference provides a forum to address rural health concerns and to develop and promote effective solutions at the local, state and national levels. CEUs are offered for long-term care administrators.

Mark Sept. 7 and 8 on your calendar and go to the NeRHA Web site www.nebraskaruralhealth.org for registration, exhibit, and sponsorship information. Watch for more news in future editions of ***Access*** and on the Web site. For additional information, contact the conference planner at nerhaconf@alltel.net or 402-470-2569.

Sponsors are a critical part of bringing the conference to care providers at a reasonable cost, and we appreciate them. Please consider sponsoring the 2006 conference.

Special group rates are available at Kearney Holiday Inn, 110 Second Avenue, Kearney, NE 68848-1925, 308-237-5871 or 800-248-4460 (Nebraska only), Fax: 308-236-5622. Please mention that you are with the Nebraska Rural Health Conference. □

New, broader effort launched to improve end-of-life care in Nebraska

By Jon Krutz

Everybody dies. But not everybody dies well. In fact, many Nebraskans experience disastrous deaths.

"Too many Nebraskans live their last months in pain, alone, confused over medical issues, stunned by care expenses, feeling guilty about being a burden, their loved ones in conflict, with important words left unsaid and important issues left unresolved," said Jonathan Krutz, executive director of the newly launched **Nebraska Hospice and Palliative Care Partnership (NHPCP).**

Why?

"No strong industry interests are aligned with good care for the end of life," said Joanne Lynn, an expert on end-of-life issues with the Rand Corporation.

NHPCP is working to change that in Nebraska.

As of the first of April, 11 Nebraska organizations had joined the 36 hospice members of the Nebraska Hospice and Palliative Care Association to create NHPCP, a broad-based partnership focused on improving care and conditions for Nebraskans with chronic conditions or near the end of life.

The NHPCP vision reads:

No Nebraskan lives in pain or dies badly. Nebraskans with chronic or end-of-life conditions, regardless of age, live their last months to their fullest, with their wishes expressed and respected, their pain and suffering alleviated, their fears and questions heard and addressed, their relational, spiritual, cultural, and financial needs met, and their loved ones around them and supported up to and following their death.

NHPCP builds on 23 years of progress through the state hospice association. Each year, hospice provides expert end-of-life care to more than five thousand terminally ill Nebraskans and their families. While this is an increase of 42 percent since 2001, it is still only one-third of the 15,000 who die in Nebraska each year.

The Partnership has a Lincoln-based staff of four and focuses its efforts on community outreach, professional education, advocacy, and research and quality improvement. The Partnership also promotes the emerging field of palliative care, which is holistic, patient-centered, quality-of-life-focused care based on the hospice philosophy but for those who do not have a terminal diagnosis. (For more information, see the palliative care-themed Winter 2006 issue of the Nebraska Medical Association magazine, "Nebraska Medicine" at www.nebmed.org/news/)

NHPCP is a leader in the Nebraska Hospice-Veteran Partnership, the End-of-Life Workgroup of the Nebraska Cancer Control Partnership, the Nebraska Pain Initiative, the Long-Term Care Task Force for End-of-Life, and the Nebraska Caregiver Coalition. Projects are envisioned that will address end-of-life issues for people in rural areas, pain man-

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The Nebraska Health Information Project

By Mike Shambaugh-Miller

The Nebraska Health Information Project is celebrating its 10th anniversary as the premier source of comprehensive health data for the state of Nebraska.

The project started in January 1995 when the state of Nebraska contracted with what was then the Nebraska Department of Health and the Board of Regents of the University of Nebraska to fulfill a 1994 legislative mandate. The mandate stated that the two entities would implement a project to enhance health data and research initiatives, develop an annual Nebraska health information report, and formulate a plan for building a comprehensive health data system for the state.

In its first year, the Nebraska Health Information Project, operated by the Nebraska Health and Human Services System (NHHSS) and the Nebraska Center for Rural Health Research (NCRHR) acting as an agent of the Board of Regents, was to produce a report targeted to policy makers, particularly those who were interested in examining indicators important to health reform in Nebraska.

In addition, the project team would survey and report on other states' efforts to organize and develop a comprehensive data management system, would recommend ways those efforts might be adapted to Nebraska's needs and would propose a plan to initiate such a system.

Ten years, five *Data Books* and numerous health data reporters later, the project has matured and now produces a biennial *Data Book* covering a wide range of health data at various geographic levels and a biennial series of special reports or health data reporters.

Dr. Davis Bu recently praised the Nebraska Health Information Project. Bu, the senior analyst with the Harvard-based Center for Information Technology Leadership, Partners HealthCare System called Nebraska's plan "the most comprehensive and outstanding collection of state health data" the center had come across in its years of researching state and substate level health indicators.

Keith Mueller, director of the NCRHR, said that "in the 10 years we have been providing composite data about health and the health care system in Nebraska, our reports have continuously offered high-quality, useful information for policy makers, agencies, and the public." He added that "improvements over time are reflected in this year's *Data Book,* including more data on locations of services in the state, the use of hospital discharge data to inform us about highly used procedures, and information on particular types of services, such as emergency medical services."

Nebraska Health Information Project Data Book 2005

The purpose of the biennial *Nebraska Health Information Project Data Book* (available in its entirety at: www.unmc.edu/nebraska/databooks) is to provide a comprehensive source of recent Nebraska health information to meet the diverse needs of policy makers, administrators, executives, analysts, advocates, educators, and researchers. *Data Book* chapters focus on specific topic areas related to the availability, cost, and quality of health care in Nebraska. In many cases, data are available for different years and for substate regions, including the state's six health planning regions and, in many cases, counties.

The 2005 *Data Book,* at 330 pages, contains six chapters and two special reports, with many easy-to-read tables, maps, and charts, all of which are easily downloadable in PDF. The six-chapter format has become standard for the *Data Book,* providing easily comparable temporal data. The six chapter topics are Demographics and Geography, Health Professionals, Health Care Facilities, Insurance and Health Expenditures, Health Status, and Hospital Discharges by State and Health Planning Region.

Included in this year's *Data Book* are two special reports, products of a series of research projects conducted over the last two years by the NCRHR at the University of Nebraska Medical Center (UNMC) under contract to NHHSS. The first, *Uninsurance in Nebraska,* covers the timely topic of the characteristics of Nebraskans with no health insurance coverage.

The report combines statistics and individual perceptions of life without health insurance and provided the groundwork for recommendations by the Governor's Select Committee on Uninsurance, which was designed to address the problem of uninsurance and underinsurance in Nebraska.

The second special report, *Emergency Medical Services in Nebraska,* is a compendium of three earlier studies and recent data collection conducted by the NCRHR. This report is the first in Nebraska to address the current status of emergency medical services (EMS) in the state while providing insight into current and future EMS needs. The report includes sections on EMS locations, types of services, staffing, and achievements and barriers to the current service model. An addition to this special report will be available in the near future, with the release of a study

Continued on next page

Model EMS trauma systems planning and evaluation

25 organizations collaborate on "how-to" document/tool kit

In a significant move to ensure each State has the information and resources needed to develop a comprehensive statewide trauma system, the U.S. Department of Health and Human Services, Health Resources and Services Administration, Division of Healthcare Preparedness released a comprehensive, highly-anticipated document and State self-assessment tool designed to assist trauma care professionals, public health officers, and health policy experts respond to and medically manage day-to-day as well as mass casualty, injury-related incidents within their community. This document represents the contributions of representatives from more than 25 Federal and National professional organizations.

According to CDR Cheryl Anderson, previous Director of the Federal Trauma-EMS Systems Program within the Division of Healthcare Preparedness, the Model Trauma System Planning and Evaluation document – a replacement for the 1992 Model Trauma Care Systems Plan – reflects the realities of today's complex trauma care environment by addressing disaster preparedness, system financing, and emphasizes the importance of developing inclusive (networks of both trauma centers and other hospitals) trauma systems utilizing the public health approach.

"A primary strategy of the public health approach is to educate trauma care professionals on how to identify a problem based on data, devise and implement an intervention, and evaluate the outcome," explained Anderson who oversaw the development of the document. "These fundamental functions of public health ¬– assessment, policy development and evaluation – improve the quality of patient care and enhance a state's ability to respond to injury."

The Model Trauma System Planning and Evaluation document and State self-assessment tool are available in PDF format for free download through the Division of Healthcare Preparedness' web site (http://www.hrsa.gov/trauma/model.htm) □

Health Information *Cont'd from*

on the status of children's EMS in Nebraska. This update will be posted this summer on the *Data Book* Web site.

Health Data Reporters

Health data reporters are produced in alternate years from the *Data Book*. The topics for health data reporters may come from NHHSS or from the special interests of NCRHR scholars or their colleagues at UNMC.

Since the program's inception, 19 health data reporters have been produced. Begun in 1998, the series' most recent reports are *Making the Good Life Meaningful for All Nebraskans: The Importance of Health Insurance,* by Erin Carlson, Roslyn Fraser-Maginn, and Keith Mueller, and *Health Insurance Status of Nebraskans,* by Liyan Xu, Jane Meza, and Keith Mueller.

All 19 health data reporters are available in PDF at the Health Information Project Web site: http://www.unmc.edu/nebraska/data-reporters/ □

Palliative Care *cont'd from p. 3*

agement, advance care planning, women's issues, and Alzheimer's issues as well as initiate new research.

NHPCP also coordinates statewide outreach efforts like the national "It's About How You LIVE" campaign, working with Nebraska's 15 community end-of-life coalitions and 36 hospice programs.

The "LIVE" campaign encourages individuals to make informed decisions about their end-of-life wishes—before a crisis hits. "LIVE" stands for: Learn about options for end-of-life services and care; Implement plans to ensure your wishes are honored; Voice your decisions with family, friends, and health and spiritual care providers; and Engage in personal or community efforts to improve end-of-life care. The campaign is sponsored by Caring Connections, a program of the National Hospice and Palliative Care Organization funded by the Robert Wood Johnson Foundation, which maintains a national information line at 800-658-8898 and consumer end-of-life information at www.caringinfo.org.

Partners working together toward the NHPCP's vision include the Nebraska Health Care Association (Nebraska's nursing homes and assisted living facilities), the Nebraska Hospital Association, the Nebraska Funeral Directors Association, Nebraska C.A.R.E.S. (the Nebraska Comprehensive Cancer Control Partnership), Madonna Rehabilitation Hospital, the Nebraska Coalition for Compassionate Care, CIMRO of Nebraska (Nebraska's health care quality improvement organization), the Great Plains and Midlands chapters of the national Alzheimer's Association, the Nebraska Medical Center, the UNMC College of Nursing, and individual members.

Details about NHPCP's many initiatives can be found at www.nehospice.org, along with a map and directory of Nebraska's hospice programs, the 2004 Nebraska End of Life Survey Report, and a membership agreement for organizations who wish to join NHPCP in the work of improving end-of-life care and conditions for all Nebraskans.

Much has been done. Much remains to be done. □

Long-distance marriage for dentistry wins at both ends

By Dave Howe

Four hundred miles just isn't what it used to be.

The University of Nebraska Medical Center's College of Dentistry in Lincoln and the Panhandle Community Services Health Center (PCSHC) at Gering may be 400 miles apart. But they've entered into a long-distance marriage that's expected to benefit not only them but a number of others in the middle, including:

- Underserved dental patients (under-insured, uninsured, and Medicaid clientele).
- Dentists seeking an opportunity to have their educational loans repaid, over and above their salaries.
- Senior UNMC Dental College students seeking clinical experience in a rural setting where underserved patients are treated.
- Rural communities in general that are classified as dental shortage areas.

In a nutshell, the Dental College and the PCSHC have signed a contract under which the PCSHC will host two dentists working under an educational loan repayment program. The dentists will provide dentistry services to the center's patients, while also functioning as Dental College managerial professional staff supervising three senior Dental College students at a time in three-week rotations at the center. Rotations will be hosted at the PCSHC 33 weeks a year, accommodating 33 senior dental students annually.

The program, after a test run this spring, will begin officially with the first rotation in July.

The arrangement provides a number of win-win opportunities, according to Dr. David Brown at the Dental College, Jan Fitts at the PCSHC, and Tom Rauner and Marlene Janssen in the Nebraska Health and Human Services System (HHSS) Office of Rural Health.

The PCSHC at Gering is one of five community health centers in Nebraska, Rauner said. These centers, partially funded by federal money, are designed to provide health services to everyone, regardless of ability to pay. Patients include those who pay for services on a sliding-fee schedule based on income as well as Medicaid patients. The centers provide transportation and language interpreter services where the absence of such services is an obstacle to treatment. In other words, Rauner said, the centers' clientele are mainly those who might otherwise fall through the cracks.

Community health centers are charged with delivering integrated care, providing not just primary care but other healthcare services as well, things like dental care and mental healthcare, said Fitts, PCSHC executive director.

The agreement between the Dental College and the PCSHC is the first such agreement with a community health center in the state. The PCSHC is a good fit, said Dr. Brown, professor of oral biology and executive associate dean at the UNMC College of Dentistry.

The PCSHC already has dental chairs and other dental equipment at its facilities, where a dental hygienist curriculum is provided by UNMC's Dental College. That program, now in its fourth year at the PCSHC, is linked to the Dental College in Lincoln with real-time, interactive video capabilities for lectures originating in Lincoln for dental hygiene students. That same equipment will allow teaching and consults between faculty in Lincoln and dentists and dental students at Gering. Faculty and students will be able to address patients' special dental needs such as oral surgery or periodontics.

For patients at the PCSHC, the senior dental student rotation here means full-service dental care enhanced by the resources at the Dental College in Lincoln, Fitts said.

The two dentists going to the center in Gering under the agreement between the Center and the Dental College will also benefit through the aforementioned educational loan repayment.

One dentist will be practicing under the National Health Service Corp (NHSC) loan repayment program, which is available through an automatic federal facility designation for a federally qualified health center. The other dentist will practice under a Nebraska Loan Repayment Program, which is available in a state-designated "dental shortage" area, according to Rauner. The PCSHC qualifies for both state and federal dental shortage area designations.

Under the NHSC, a dentist must make a two-year commitment to practice dentistry fulltime in the shortage area. In return, that dentist is eligible for a $25,000 loan repayment each of the two years ($50,000 total), tax-free, over and above the salary for the position, Rauner said. An extension beyond the two years under an addendum to the loan repayment contract is possible in those cases where an education loan exceeds $50,000, he added.

The dentist, who will be practicing under the Nebraska Loan Repayment Program, can qualify for a three-year loan repayment totaling up to $60,000, according to Janssen, program manager in the HHSS Office of Rural Health. (A proposal in the 2006 Legislature would double the repayment maximum to $120,000.)

Nebraska's Loan Repayment Program, funded by a local agency match with state dollars, re-

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Dentistry *Cont'd from p. 5*

quires a three-year commitment from the dentist. With the dentist serving also as a Dental College staff member at the PCSHC, the Dental College is providing the qualifying local match.

Practicing fulltime (40 hours per week) in the treatment of under-served clientele in a dental shortage area can qualify a dentist for loan repayment of up to $20,000 per year (state and local match combined). The program also allows part-time practice, with the loan repayment pro-rated. For example, a dentist working 20 hours per week could qualify for loan repayment of $10,000 per year.

Rauner said the aforementioned loan repayment programs might be particularly appealing to dentists coming out of dental college with significant debt. "They don't have to purchase a practice when they are already significantly in debt," he noted. At the same time, it's an opportunity for those dentists to see if they would like to work in an underserved area.

And, for the dental students who will soon be out on their own, it's a chance to experience what it's like to be in a private practice, Dr. Brown said. The arrangement "...mimics as closely as we can what a small private practice would be like." It's an opportunity for these students to experience such private-practice matters as "no-shows" and open chairs, issues of staffing, and other real-world situations, he explained.

The students' experience away from the Dental College can include learning about the community's needs by attending city council meetings and visiting Head Start and WIC (Women, Infants, and Children) programs and nursing homes in the area.

Fitts said she sees an opportunity for senior dental students to experience the special circumstances often associated with healthcare in a community healthcare setting. Providers in many cases are treating patients who don't visit a dentist regularly and aren't accustomed to follow-up visits. Meeting this clientele's needs relies on healthcare providers with a different approach, those who believe in that kind of service, she added. Dental students get to experience that in their rotation here.

Additionally, she said, the arrangement introduces dental students to delivering healthcare in a rural setting. And that, it is hoped, will encourage more health professionals to go to rural areas to set up practices, she said. Consequently, rural communities in general should also benefit from the agreement between the PCSHC and the Dental College.

The Dental College has arrangements with various dental clinics around the state for what Dr. Brown calls "service learning." It's not a new concept, he said, but added: "We've been getting more and more involved in service learning." It's predicated on the following three things, he said:

1. Students undertake learning in an external setting, usually in a not-for-profit clinic, away from the Dental College.
2. An arrangement is forged between the community and the educational institution, both with needs and each working together.
3. Students reflect on their education and put those thoughts into writing, helping them understand what they should be learning.

Students doing their rotations at some external sites for service learning have had a wide range of experiences — some good and some not so good, Dr. Brown said.

The arrangement at PCSHC offers assurance of a rewarding experience for the students, because the Dental College has more control there over the student experience, Dr. Brown continued. The PCSHC will now become a primary site for student rotations, he added.

Having dentists functioning in the additional role of Dental College staff with senior dental students practicing under their supervision will enhance dental care for patients at the PCSHC, Fitts said.

The agreement "takes education to where the need is," Dr. Brown said. Such an arrangement can help recruit students locally who intend to stay in the local community.

Under the agreement, the Dental College will manage the PCSHC's dental clinic. In the first year, both parties will work out the details as they explore the most practicable arrangement of staffing and management of the dental clinic at the PCSHC. The PCSHC will be responsible for billing.

Under the agreement, certain dental services will qualify for enhanced Medicaid payments. That means reimbursements for eligible procedures will be at more than 100 percent of regular reimbursement rates, in recognition that dental care is being provided to underserved patients through an educational program in a community healthcare setting. It is hoped this will help attract and retain dentists in their dual role at Gering, Dr. Brown said.

The agreement gives the Dental College "programs and facilities outside this building (Dental College facilities in Lincoln)," Dr. Brown said, and allows the Dental College to offer its students a broader range of experiences in their profession before they graduate.

For more information, call Dr. David Brown, Dental College, (402) 472-1341. □

Telehealth Boot Camp

~~An educational series for new members~~

The Nebraska Statewide Telehealth Network is pleased to introduce a series of educational opportunities for our new members and for our experienced members who may wish to learn more about the Network, improve their own telehealth skills and their expand their programs

The first presentation, entitled

"The Nebraska Statewide Telehealth Network: an Overview"

Will be presented on May 9 from 1:30-2:30 p.m. CST

The goal of this presentation is to provide an overview of the Network, giving the audience a general understanding of its organization, uses, opportunities and future direction. It is appropriate for any staff member who may wish to attend.

Presenters will discuss:

- Who is part of the Network & How It Is Connected
- How the Network is funded
- What opportunities are available on the Network and how to access them
- The current and future priorities of the Network

Connection information:

Endpoints: Please contact your hub sites.
Hub Sites: Please contact Laura Meyers at laurameyers@charter.net for connection information.

Future presentations:

Making Telehealth Work Day-to-Day: The Basics	May 16, 2006	1:30-2:30 CST
Your Role as a Coordinator	June 6, 2006	1:30-2:30 CST
Conducting Clinical Consults	June 13, 2006	1:30-2:30 CST
Understanding Your Bills and Funding for 2007	TBA	

For more information, please contact Laura Meyers at 308-293-0623 or laurameyers@charter.net

CMS issues guidance on mid-year formulary change requests

The Centers for Medicare & Medicaid Services (CMS) issued guidance to the Medicare prescription drug plans on mid-year formulary change requests. The formulary policy applies to formulary changes that affect beneficiary access to drugs.

All proposed formulary changes, excluding formulary expansion changes, must be submitted to CMS for review and approval. The formulary change policy addresses changes in specific drugs covered on the formulary, changes in prior authorization or tiering. Beneficiaries will not lose coverage for their drugs because of a mid-year formulary change except for clear scientific evidence, cost reasons related to a new generic drug coming on the market, or new FDA or clinical information becomes available.

CMS recognizes the importance of formulary stability for the Medicare population. However, prescription drug use is constantly evolving, and new drug availability, new medical knowledge, and new opportunities for improving safety and quality at low cost will inevitably occur over the course of a year requiring changes to the formulary. CMS will continue to ensure that each formulary provides a broad range of medically appropriate drugs and does not discriminate or substantially discourage enrollment of certain groups of beneficiaries. □

Medicare Part D in Nebraska

By Mark Intermill, AARP

Medicare Part D has leveled the prescription drug coverage playing field for Medicare beneficiaries in rural areas. Prior to implementation of the Medicare Part D benefit, about 40 percent of Nebraska Medicare beneficiaries had prescription drug coverage, much lower than the 60 percent national prescription drug coverage rate for Medicare beneficiaries.

Three counties in Nebraska (Douglas, Lancaster and Sarpy) have at least 10,000 Medicare beneficiaries. The three counties account for 39 percent of the Medicare beneficiaries in Nebraska. Medicare beneficiaries in the urban counties were twice as likely to have prescription drug coverage as retirees in less populous counties; many had better access to retiree health benefits that included drug coverage. The availability of a Medicare managed care plan, now known as Medicare Advantage, in Douglas County also contributed to the difference.

Data released in late March by the Centers for Medicare and Medicaid Services showed that the coverage gap narrowed during the first three months of 2006. Urban Medicare beneficiaries are still more likely to have coverage, but the availability of Medicare Part D Prescription Drug Plans (PDP) has had an appreciable effect on extending prescription drug coverage to persons in rural areas.

Since January, when marketing of the PDP began, beneficiaries in less populous counties have been more likely to buy them. About one in three Medicare beneficiaries in rural areas has purchased a PDP compared to one in five beneficiaries in more populous counties. As a result, the difference in the percentage of Medicare beneficiaries with drug coverage in the two areas has been cut in half. Since Medicare is covering 74.5 percent of the actuarial value of a PDP, this is a substantial benefit for Medicare beneficiaries in rural areas.

Some Medicare Part D issues need to be addressed. But the program definitely has extended access to prescription drug coverage to Nebraskans who live in rural areas.

The open enrollment period for the Medicare PDP is scheduled to end on May 15. Those who miss the May 15 deadline won't be able to enroll until November 15 and will be assessed a premium penalty equivalent to 1 percent of the premium multiplied by the number of months enrollment was delayed. The penalty will be levied as long as the PDP is in effect.

Information and assistance with enrollment is available. Those who need help sorting through the options can find it through area agencies on aging, county extension offices and the Nebraska Department of Insurance Senior Health Insurance Information Program (SHIIP). SHIIP's toll-free number is 1-800-234-7119. □

Statewide telehealth system test during Panhandle Dental Day

The effectiveness of the statewide telehealth system during an emergency will be put to the test June 2-3 during Dental Day X, an annual outreach project for the University of Nebraska Medical Center College of Dentistry.

The telehealth system, which uses high-speed data lines or T1 lines to transmit video and audio signals, will be used by dental professionals in seven Panhandle towns for consultations by specialists at the UNMC College of Dentistry in Lincoln. The T1 lines are installed in hospitals and are subsidized by the state Public Service Commission and federal dollars in an effort to provide connectivity to rural parts of the U.S.

"The geographic distance between the Panhandle sites and the dental college in Lincoln make this event the perfect time to test how well the telehealth system would work if an actual emergency should occur," said Phil Smith, M.D., professor of Internal Medicine, chief of the Infectious Disease section and director of the Biocontainment Unit at the University of Nebraska Medical Center.

"The system could be used by emergency personnel, medical personnel, law enforcement or anyone who would assist during a widespread emergency," Dr. Smith said. "This is another example of how Nebraska continues to be out front when planning for domestic emergencies."

"Not only is the telehealth system a useful tool during emergencies, but it is also very useful to doctors, dentists and other health care providers," said Dennis Berens, director, HHS Regulation and Licensure, Office of Rural Health. "It provides access to other professionals and specialists for consultations, which inevitably will save practitioners and patients time and money."

This will be the third year in which the UNMC College of Dentistry has traveled across the state to offer dental services, at no cost, to children in the Panhandle region of Nebraska. More than 175 children are expected to receive cleanings, as

Continued on page 10

2006 Rural Health Leadership Institute:

Improving Health Care Quality

When: 5:00 p.m. Monday, July 17, through Noon Friday, July 21.

Where: The College of St. Scholastica, Duluth, MN, overlooking beautiful Lake Superior.

Who: Rural health care administrators, medical and nursing directors, rural health agencies, health care educators, and public policy makers.

Details and registration to be mailed in February

For more information, contact:

The College of St. Scholastica Conferences and Events Services
(218) 723-5940
smaki@css.edu

Dental *cont'd from p. 9*

well as restorative and preventive care during the event. All of the children participating have been pre-screened by dental volunteers in their communities. No new appointments will be taken on the day of the event. Participating communities include: Sidney, Alliance, Gering, Chadron, Crawford, Rushville and Gordon.

For more information, contact Mike Wight, (402) 471-3486, mike.wight@hhss.ne.gov□

Nebraska Rural Health Association awards nomination

Each year, the Nebraska Rural Health Association honors people who have contributed to rural healthcare through leadership at its annual conference. These awards recognize individuals and organizations who take on leadership roles in healthcare and their communities. Each year, the Nebraska Rural Health Association solicits nominations for four awards and your input is very valuable to us.

The **Integrated Rural Healthcare Award** is open to any ***provider*** giving primary care, mental health, and substance abuse collaborative care in rural areas of our state (outside of Douglas, Lancaster and Sarpy counties). The distinction of this award is the collaborative model, the methodology, the types of providers, the issues they are having problems with and the successes they have seen. The provider can be an ***individual, a team, a system or partnership.*** Integration can be with two or all three of the components (primary care, mental health, and substance abuse.) Nominations are accepted from patients, fellow providers, or employees of the provider.

The **Outstanding Rural Health Practitioner Award** recognizes an individual that is a ***direct service provider*** who provides direct patient care such as physicians, nurses, physician assistants, nurse practitioners and others. This individual must exhibit outstanding leadership in bringing and/or improving health services in rural Nebraska. Factors taken into consideration include providing outstanding care; collaboration and multi-disciplinary teamwork; involvement in the community; involvement in education; and lasting contribution to the rural health care system.

The **Rural Health Achievement Excellence Award** recognizes an ***individual in the health care industry*** for leadership and noteworthy initiative in promoting the development of community oriented rural health care delivery. Factors for selection should include: distinctive efforts to promote and/or improve rural healthcare and provide lasting contributions to health care. This award recognizes noteworthy initiatives in the development of community-oriented rural healthcare delivery.

The **Rural Health Distinctive Consumer Advocate Award:** It is important to recognize that rural health care delivery systems will survive only with the involvement of rural consumers. This award honors ***an individual consumer, who is <u>not</u> an employee*** in the health care or health insurance industry, for active participation within his or her community and/or region regarding rural health service delivery issues. For example, the award winner may have testified to the state or national legislature on rural consumers' health care needs or made lasting contributions to rural health care in their community, region, or state. The nominee should be current on rural consumer health care issues and must have shown leadership in community and education regarding health care changes, needs, or improvements.

Awards will be presented at the annual Nebraska Rural Health Conference in September. **See the nomination form on the next page.**

2006 Nebraska Rural Health Awards

Please select the award for which you are nominating an individual or team.

____ Integrated Rural Healthcare Award
____ Outstanding Rural Health Practitioner Award
____ Rural Health Achievement Excellence Award
____ Rural Health Distinctive Consumer Advocate Award

Nominee Name:_____

Address/City/State/Zip:_____

Phone(Office):_____(Home):_____

Nominee'sOrganization:_____

Areas(Towns,counties)affectedbyNominee'sWork:_____

Please describe the nominee's contribution to rural health care, accomplishments and the significance of this person's work. A biographical sketch should be attached. You may also attach news articles and other documentation to support this nomination.

_____

_____

_____

_____

_____

_____

_____

Name of Person/Organization Submitting Nomination:

_____

Address/City/Zip:_____

Email Address: _____ Phone: _____

Awards will be presented at the annual Nebraska Rural Health Conference in September.

Deadline for Nominations: August 1, 2006

All applications must be postmarked by this date. Late nominations will not be considered for awards.

Mail or fax completed applications to:
Nebraska Rural Health Association, 2301 NW 50th Street, Lincoln, NE 68524
Or Fax - 402-470-2197

ACCESSory Thoughts

Dennis Berens, Director
Nebraska Office of Rural Health

The Hourglass at 2016

Are you ready for the demographic changes that are coming? It looks as if we are in for some dramatic pushes and pulls because of our new emerging demography.

The traditional age pyramid in our state and nation is beginning to lose its shape and starting to bulge in the upper middle. This is the baby boomers moving up the ladder to the 50-to-60-year-old categories. At the bottom is a surge in births that looks a lot like the baby boomer birth rate of the past. This is likely to have an impact on our rural and urban health care provider system.

By 2016 it appears that the pyramid will look more like an hourglass with a lot of boomers at the top, their children in the middle and the largest generation of young people since the boomers at the bottom. We will also have to deal with more 90-to-100-year-olds than we have ever had in this state and nation.

The impact of this shift could be dramatic. New entertainment, culture and news markets will open. The next American "gold rush" could begin because of the large number of elderly with disposable income. Tying all of this together and sometimes pushing this along is the technology of today. All generations are and will be "wired," and we are just beginning to see the transparency that happens because of that connectivity.

Health providers and consumers are changing to deal with these new demographic realities. Boomers who want to stay forever young are pushing providers to help them. The increase in births is pushing providers at the other end of the continuum.

In addition we now have a health care system that is being driven more by the marketplace than ever before. Grocery stores, shopping centers and large pharmacies are putting in midlevel staffed clinics to offer care to customers. Video consults are allowing care to take place from distant locations. Mobile everything seems to be the focus of today.

Communities and health care professionals need to pull together the demographics of their regions, identify the present and future markets, build a system that can address the issues coming in 2016 and work together. In Nebraska, we have a leg up on most states in that we know how to work together and do it all the time. Let's be the first in the nation to address our changing demographics with a collaborative plan that adds value to our citizens' lives and our health care system. The hourglass is running. □

ACCESS
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